FIA – 719 Module

(Child Placing Agency Case Report Module)

1. TECHNICAL REQUIREMENTS

1.1   Introduction

This document is the technical response to the SWSS Foster Care User Requirements for the FIA-719 Module. It will describe how the development team will implement the changes and additions to SWSS Children's to effect the requirements.

This document is to be used as a tool by the development team when coding the solution or maintaining it in the future. Thus this document is likely to be updated during the lifecycle of the SWSS project. Versions of this document will be maintained in PVCS, and the reader should be aware that multiple printed versions might exist.

1.2   Module Description

The contract agency's worker's efforts are essential in assisting the FIA worker in getting the necessary information to open a case for services, to process payment and to maintain the case. The information that FIA's foster care worker has received from the protective services worker will need to be supported with the information that the contract agency has been able to gather. In the current business process, getting this needed information from the contract agency (who has contact with the family) is often a lengthy process with unsatisfactory results.

1.3   Requirements

1.3.1   Process Description

1.3.1.1   Screen Interaction

This module is available from the Report Generation on the Main Menu of SWSS. When this function is selected, the screen is opened and it displays:
1. Options for type of report as:
    - Blank Form (without any data)
    - Initial Report(With all data) and
    - Update report (Without funding data)
2. Pick list of the Log Numbers of the worker's cases.

The Log Number, which the user has entered on the Main Menu, is selected by default on the Pick list. The user can then select the Print Preview button to see the preview of the form for the selected Log number. If satisfied with the preview the worker selects the Printer icon to print the report; or selects close to the preview screen and return to the main screen. Then worker can select the close button to exit the Report Generation Menu.

1.3.1.2   System Flow

This module does not systematically support any other module. However, if the foster care or JJ case is serviced by a contract agency, this module must produce the document that will enable users to collect enough information to support other modules.

This document, after printing, is given to the contract agency worker. The contract agency worker then completes or updates the information and returns the completed form to FIA's worker. The FIA worker then enters all the case information from the form into the corresponding sections of the SWSS.

1.3.2   Functional Requirements

List any requirements this module implements that are not specifically covered in the User Requirements for this module. For example, Soundex must return the Person ID of a person and write it in the SWSS_INI.ini so that CaseReg can "resurrect" that person with the new case, or Funding Determines the eligibility used in placement and updates the SWSS_CASE.Latest_Funding_Determination

1) This module assumes that the case to be printed report for is at least in registered state.
2) There should the information of the logged in user in SWSS_INI.ini file to get all the cases for that user.

1.3.3   Business Events

The following are business events that occur which will initiate use of the features in SWSS Children's to print FIA-719.

1) When a case is registered and is to be handed to Purchase of Service agency.
2) Whenever there is change in data that is to be send to the purchase of service agency.
3) Whenever the Funding determination or re-determination is done.

1.3.4   List of Program Units

Module: Utility (Utility.bas)

GENERAL.GetCaseInfo - Gets the information like Person_id, county_no for the case
DATAFORM.Get_Income_Assets -Gets values of all the Income assets for the Youth / family
DATAFORM.Get_Funding_Answers - Get the Answers to all the questions asked in the Funding determination section
DATAFORM.Get_Imm_History - Get all the Immunization records for the child i.e. the names of the immunization shots, dates given for the child

VB Subroutine	Procedure Call	VB Subroutine Call	Function
Form_Load		SetDeviceIndependentWindow	Sets the screen size to maximum
		ExtractINI_Info	Gets the case info. From INI file

		Makeconnection	Makes connection to database
	Combolists.Get_LogNos	FillCombo_ActiveCases	Fill the Log number list box
CmdPrintForm _Click	General.GetCaseInfo	GetCaseInfo	Gets the case info for the selected log number
	DataForm. Get_Income_Assets	Get_Income_Assets	Gets the income assets for the youth/family
	Get_Funding_Answers	Get_Funding_Answers	Get the Answers to all the questions asked in the Funding determination section
	Get_Imm_History	Get_Immunization	Get all the Immunization shots, dates given for the child
	DataForm.Get_Header_ Info		This procedure collects the data in the Header section of the report
	DataForm.Get_Child_In fo		This procedure collects the data in the child section of the report
	DataForm.Get_Placeme nt_Data		This procedure Collects the data in the Placement section of the report
	DataForm.Get_Legal_D ata		This procedure collects the data in the Legal section of the report
	DataForm.Get_EDU_D ata		This procedure Collects the data in the Education section of the report
	DataForm.Get_Member _Info		This procedure Collects the data for all members of the case in the Member Section of the report
	DataForm.Get_Funding		This procedure collects the Data in the Funding section of the report
	DataForm.Get_Parent_ Wrk_His		This procedure collects the data in the Parents Work history Section of the report
	DataForm.Get_Mem_Wi th_Income		This procedure collects the data in the List of earning members section of the report
	DataForm.Get_Check_ Details		This procedure collects the data in the Check info section of the report
	DataForm.Get_Medical _Data		This procedure collects the data in the Medical section of the report
	DataForm.Get_Insuran ce_Data		This procedure collects the data in the Insurance section of the report

1.3.5   Report (output) Images

The output report FIA - 719 is used to keep the record of all the data entered in a case and to send this data to the purchase of service agency when a case is handed over to the agency

CONTRACT AGENCY_____WKR'S NAME _____
LOCAL FIA OFFICE_____WKR'S NAME _____

CASE DATA REPLY FORM

PLEASE COMPLETE THIS FORM IS DETAIL.   INDICATE ANY DISCREPANCY NOTED.

CHILD INFORMATION:
Last Name _____   First Name_____   MI___

AKA Name_____   Case
Number_____

Sex ☐ Female ☐ Male   DOB __/__/____   Was DOB Estimated ? ☐ Yes ☐ No

Client ID # _____

Religion * _____   Previously Adopted? ☐Yes ☐ No Age at adoption ___ ☐mos. ☐yr.

Language* _____   SSN _____-____-_____

 Race/Sovereignty _____*   Migrant Status ☐ Yes ☐ No

 Multiple Racial Codes:

    Secondary race -1st_____*

    Secondary race - 2nd___ _____*

Hispanic Ethnicity   ☐Yes   ☐ No   ☐ Unable to determine

 "Has the question been asked 'Does this child have any North American Indian Heritage?'" ☐Yes ☐No

Tribal Documentation   ☐Pending ☐ Verified ☐ None
TRIBE:_____

RECOMMENDED TYPE OF FOSTER HOME:

Type: ☐ Family   **# of Parents:** ☐ One Parent
COED: ☐ Yes   ☐ No
            ☐ Group   ☐ Two Parents
            ☐ Other

Handicap: Has the child been diagnosed with any of the following disabilities?   ☐ None

☐ Emotionally Impaired ☐ Mentally Impaired ☐ Other Medically Diagnosed Condition
☐ Physically disabled   ☐ Visually Impaired   ☐ Hearing Impaired
☐ Specific learning disability ☐ Speech and language ☐ Not yet determined

ATTACH ADDITIONAL COPIES OF THIS PAGE AS NEEDED

Parents***/relative/others

Name_____   Relationship to child
_____*

Address_____   City_____   State_____
Zip Code_____

Phone # ____ - ____ - _____   Alt. Phone #   ____ - ____ - ____

Sex ☐Male   ☐Female   DOB __/__/_____ DOB EST ☐ Yes   ☐No Legal Parent
of Child ☐Yes   ☐ No

Marital Status _____*

Was mother married at time of child's birth? ☐Yes   ☐ No   ☐ Unable to determine

SSN: ____-____-_____   Religion* _____   Language
_____*

Education * _____   Occupation
_____

Race _____ *

Secondary race code * 1st - _____   Secondary race code * 2nd-_____
  Migrant Statue ☐ Yes   ☐ No

HISPANIC ETHNICITY: YES☐   NO☐   ☐UNABLE TO DETERMINE

At the time of removal was the youth living with this person? ☐ Yes ☐ No ;
If yes, continue.

Does this person have primary caretaking responsibilities?   ☐ Yes ☐ No
    If yes, Caretaker Family Structure_____*

Does this person have secondary caretaking responsibilities? ☐ Yes ☐ No

Does this person show an active interest in the ward?   ☐ Yes ☐ No

Is this person to be contacted in case of an emergency?   ☐ Yes ☐ No

Before removal, did this person have legal custody?   ☐Yes ☐ No

*** Complete this section for legal parents only

Government Benefits

Deceased?   ☐Yes ☐ No   **Date of death** ___/___/_____

Retired?   ☐Yes ☐ No   **Date or retirement** ___/___/_____

Disabled?   ☐Yes ☐ No   **Date of disability** ___/___/_____

Veteran?   ☐ Yes ☐ No   **Dates of service** from ___/___/_____

to ___/___/_____

FUNDING SOURCE DATA:

Did the youth live with a parent**,** stepparent, grandparent, brother, sister, aunt, uncle,
niece, nephew, or cousin **at the time of court action? Yes**☐ **If yes,**
Name_____   **relationship**_____
        No☐ **If no,**
Did the youth live with one of these relatives within the **six months prior to this court**
action?

            Yes☐ If yes, Name_____
relationship_____   Date left home_____
        No ☐

    Youth living with one Parent:
        Primary reason other parent is absent:

            ☐Separation   ☐Deserted
            ☐Divorce Pending   ☐Institutionalized
            ☐Divorced   ☐Imprisonment
            ☐Single/unmarried   ☐Deceased

        Absent Parent:
            ☐Father   ☐Mother

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Last Name_____ First Name_____ MI_____
Address_____ _____
City_____ State_____ Zip_____-____

Youth living with BOTH parents:

    A. Are one or both parents too sick to work?
        ☐Yes ☐No - If no; skip
   If Yes;
     Nature of Illness:

      Father: **Type of Illness_____**

               Expected duration of Illness_____

      Mother: Type of Illness_____
               Expected duration of Illness_____

    B. Parent's Income and Employment
      Which parent earned the greater amount of money during the 24 month
      period prior to filing of the petition?   Father☐   Mother☐

      a. Did that parent work less than 100 hours in the calendar
         month that the petition was filed?   Yes ☐   No☐

      b. Does that parent receive Unemployment Compensation   Yes☐   No ☐

      c. Did that parent receive Unemployment Compensation
        during the 12 month period prior to the filing of the petition Yes☐   No ☐

      d. Did that parent work at least 6 quarters of the last 3 and a quarter (3 ¼)
        years preceding the filing of the petition?   Yes☐   No ☐

   If the above question (d) is answered yes, complete the following:

Youth living with BOTH parents

Parent's Income & Employment
Parent's recent work history

Place of employment	
Employment	**Duration**
From	To

1._____   ___/___/____   ___/___/____

2._____   __/__/___   __/__/___

3._____   __/__/___   __/__/___

4._____   __/__/___   __/__/___

5._____   __/__/___   __/__/___

6._____   __/__/___   __/__/___

Youth living with relative----neither parent

   This relative is an ineligible grantee-do not include that person's income and
   resources when completing this form!!!!!!

Income Details:

List of persons with earned income:(Use attachment for additional detail)

Last Name	First	MI

Use these sections to add information regarding earned income of the parent or a sibling 16 years or older who is working and not attending school in the child's family home.   Only report income that was received the month that the petition was filed.

PERSON 1: Last Name_____   First_____

        Check Date (MMDDYYYY format)   **Check Amount**
        1.   __/__/___ $_____
        2.   __/__/___   _____
        3.   __/__/___   _____
        4.   __/__/___   _____
        5.   __/__/___   _____

_____

Person 2: Last Name_____   First_____

        Check Date (MMDDYYYY format)   **Check Amount**
        1.   __/__/___ $_____
        2.   __/__/___   _____
        3.   __/__/___   _____
        4.   __/__/___   _____
        5.   __/__/___   _____

Indicate any daycare expenses paid by the parent for dependents at the time of placement:

Indicate number of dependents under age of 2 years   _____
Indicate number of dependents ages 2 to 14 years   _____

Enter monthly Day Care expenses paid for each dependent in each age range:

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

Under age of 2 yr. $_____   Between 2 to 14 yr. $_____

ASSETS DETAIL:

Vehicle - ☐ 1. Primary Vehicle ☐ Vehicle-2   ☐ Vehicle-3 ☐ Vehicle-4
          $_____ $_____ $_____ $_____

Property Details:

	Value amt. For entire family	Amt. available to youth for his/her use
☐a. Real Estate (Not Homestead)	$_____	$_____
☐b. Social Security - Lump Settlement	_____	_____
☐c. Trust Funds	_____	_____
☐d. Saving and/or Checking Accounts	_____	_____
☐e. Cash on hand or Held by another.	_____	_____
☐f. Stocks and/or Bonds	_____	_____
☐g. Life Insurance Policies (cash or loan value	_____	_____
☐h. Motorcycles, Boats, Snowmobiles, Campers, etc.	_____	_____
☐j. Other (specify) _____	_____	_____

_____

Unearned Income:

	Monthly amt Available To entire family	Mnthly amt Available to child for his/her use
☐a. Unemployment Compensation	$_____	$_____
☐b. Child Support	_____	_____
☐c. Social Security Benefits (RSDI)	_____	_____
☐d. Supplemental Security Income (SSI)	_____	_____
☐e. Veterans Benefits	_____	_____
☐f. Worker's Benefits	_____	_____
☐g. Disability Benefits	_____	_____
☐h. Retirement Benefits	_____	_____
☐i. Military Allotments	_____	_____
☐j. Gaming Distributions & Casino Profit Sharing	_____	_____
☐k. Other Income(specify)_____	_____	_____

If a parent in the home pays child support for a child not in the home, enter the total of the child support

paid in the month that the petition was filed   Amount$_____   Mo/Yr_____.

MEDICAL DATA

Primary Physician
Physician's Last Name _____   First Name_____ MI____
Address: _____   City_____   State___
Zip_____
Telephone_____-_____-_____
Recent Check-ups:
Date of Last Physical _____
Date physician signed report_____   **Was copy given to foster**
parents?   Yes ☐ No ☐

Date of Last Dental_____   **Date report**
signed_____
FORWARD COPIES OF MEDICAL AND DENTAL REPORTS TO FIA.

INDICATE ANY IMMUNIZATION HISTORY KNOWN

SHOTS	**FIRST**	**SECOND**	**THIRD**	**FOURTH**	**FIFTH**
	DATE	DATE	DATE	DATE	DATE
DTP	_____				
Polio	_____				
TB Test	_____				
Hep. B	_____				
MMR	_____				

Other :   Type_____   Date given_____

OTHER INSURANCE

☐Primary ☐Secondary   Name of Insurance
Company:_____
Policyholder's Last Name_____   First Name_____
SSN_____
Employer: _____   Employer's Address_____
City_____
Group/Policy #_____
Certificate/Contract#_____
Service/Coverage Code: _____

1.3.6   Data Elements

For every element on a screen output report:

- Map each data element displayed, printed, or entered to the database table and field, such as the example done by SDM that Paula mentioned in the team meeting (p:\users\share\servwork\SWSS\templates\ReqTemplates\DataDefinitions).xls

- Make a specific reference to the SWSS Schema data dictionary, which ought to be available any day now.

- List and discuss any specific validation routines, constraints, or dependent data validations (like legal status and living arrangement) that are not in the data dictionary. You can check (and copy from) the User Requirements Data Element Description for these type of validations.

- Specify which elements can only be changed in "Corrections" mode.

- Explain the instancing of this data element in laymen's terms. This is implied in the table name, usually, such as the "Case_Person" table refers to an instance of a (group) person record in a particular case, and the "Group_Person" table refers to an instance of a person in a particular sibling group. Go ahead and say it like that, as it applies. This includes "historical" data, such as Medicaid_History, which is an instance of medicaid data over time.

1.3.7   Integration with Existing System

This module is called from Report generation module.

1.3.8   Module Dependencies

This module is not dependent on any other module except this prints the data created in other modules.

1.3.9   Database Subject Area

- Show the tables with fields read, created, or modified here. (CRUD matrix, if you want to be fancy.)
- List the STORED PROCEDURES with detailed descriptions of how that stored procedure works (we're serious. We really need it!)
- Use the Interface specifications that were generated (by Ed?) for the stored procedure calls that the VB module makes.

1.3.10   Data Warehouse

If known, explain which items are added to the data warehouse and under what conditions they are written. Hopefully we can reference a document or set of documents supported by the data warehouse.

1.3.11 Technical Issues

Discuss any tricky things that happen in the module that someone who maintains the application may not recognize at first glance. Sibling group sharing, legal status switches, or reusing person IDs.

1.3.12 Test Plans

Include the test plan developed for this module, and references to any scenarios that apply to it.

Test Plan – FIA-719 (Purchase Of Service)
Case Accessibility

- Primary Worker or the Supervisor can access the Case to Print the FIA 719 Purchase Of Service (POS) Form.

Case Functionality

- Run the process for all the three different types of cases i.e. CFC, JJ and ADPT created as
New and Converted.

- For each added New case just register the case and run so that it should have
very minimum data and remaining form printed empty to be completed by POS worker.
Then enter the data one section at a time and Print the report each time to see it is filled in
correctly.
- For different New cases try different combinations of the Members in the cases like:
No Parents, One parent, Both Parents, Legal parents as Bio Parents, relatives or other
Persons. For every member initially do not put enough information and print report. Try making different Status of the parents like deceved, Not Active, at Unknown address etc.